

CANCELLATION OF VOTER REGISTRATION NORTH CAROLINA

Guilford County Board of Elections P. O. BOX 3427 Greensboro, NC 27402

PHONE: 1-336-641-3836 FAX: 336-641-7676 balexan@myguilford.com

PURPOSE

This form is intended to provide notification of a voter's request to cancel his or her voter registration. Upon submission of this form, the appropriate county board of elections will remove the voter from the county's list of registered voters. Requested information will only be used to ensure that we are removing the correct voter.

INSTRUCTIONS

This form can **only** be completed by the voter. Voter should complete form as thoroughly as possible. Sign the form and then submit (*mail, fax, or scan & email*) it to the Guilford County Board of Elections office or the county in which the voter is registered. Contact information for the county boards of elections is available at www.ncsbe.gov.

Voter Information									
Last Name (Required)			First Name (Required)				Middle Name		Suffix
Date of Birth (Required)	Age			Last 4 Digits of SSN		Driver Licens	e or ID No.	Voter Registration Numbe	r
(MM/DD/YYYY)								(if known)	
		☐ Mal							
Voter Registration Address	(Required)	Г	iaic						
Voter Registration Address	(nequired)								
City (Required)			State	Zip Code		County (in which you were last registered)			
				NC					
				IVC					
				.					
By signing this form, I	give the co	ounty b	oard	of elections	cons	sent to cand	cel my vo	ter registration record	
Signature									
V									
X									
Signature (Required)								Date Signed	
FRAUDLENTLY OR FALS	ELY COMPLE	TING TH	IS FOR	RM IS A CLASS	I FELO	NY UNDER CI	HAPTER 16	3 OF THE NC GENERAL STA	ATUTES.
Send Form To:									
- 45 1 -									
Guilford Coun	-	Election	ıs						
P. O. BOX 342	7					Thank ye	ou for pro	oviding this information	on.

Greensboro, NC 27402